VAN BUREN COUNTY HOSPITAL KEOSAUQUA, IOWA

FINANCIAL STATEMENTS JUNE 30, 2004 AND 2003

Table of Contents

	Page
BOARD OF TRUSTEES AND HOSPITAL OFFICIALS	1
INDEPENDENT AUDITOR'S REPORT	2-3
MANAGEMENT'S DISCUSSION AND ANALYSIS	4-5
BASIC FINANCIAL STATEMENTS	
Balance Sheets	6
Statements of Revenues, Expenses, and Changes in Net Assets	7
Statements of Cash Flows	8-9
Notes to Financial Statements	10-23
SUPPLEMENTARY INFORMATION	
Independent Auditor's Report on Supplementary Information	24
Schedules	
Budgetary Comparison Schedule of Revenues, Expenses, and Changes in Net	
Assets – Budget and Actual (Cash Basis)	25
Net Patient Service Revenue	26
Other Operating Revenues	27
Operating Expenses	28-32
Patient Receivables and Allowance for Doubtful Accounts	33
Supplies/Prepaid Expenses	34
Community Service/Outreach Unreimbursed Services Provided by the	
Hospital to the Community	35
Statistical Information	36
REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER	
FINANCIAL REPORTING	37-38
SCHEDULE OF FINDINGS	39-40

VAN BUREN COUNTY HOSPITAL BOARD OF TRUSTEES AND HOSPITAL OFFICIALS

<u>Name</u>	<u>Title</u>	Term Expires
	Board of Trustees	
Blain Smith	Chairperson	2006
Lloyd Foster	Vice-Chairperson	2006
Michael Thomas	Secretary	2006
Leslie Betts	Treasurer	2004
Jeanne Erickson	Member	2008
Joan Syfert	Member	2004
David Sherod	Member	2008
	Hospital Officials	
Lisa Schnedler	Administrator	
Helen Holland	Chief Financial Officer	



Consultants • Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

The Board of Trustees Van Buren County Hospital Keosauqua, Iowa

We have audited the accompanying balance sheets of **Van Buren County Hospital** as of June 30, 2004 and 2003, and the related statements of revenues, expenses, and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America; Chapter 11 of the Code of Iowa; and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards and provisions require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **Van Buren County Hospital** as of June 30, 2004 and 2003, and the changes in its financial position and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As described in Note 1 to the financial statements, effective July 1, 2003, Van Buren County Hospital implemented Governmental Accounting Standards Board (GASB) Statement No. 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments; Statement No. 37, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments: Omnibus; and Statement No. 38, Certain Financial Statement Note Disclosures. As a result, the Hospital changed its accounting policy related to financial statement presentation to comply with the provisions of GASB Statements No. 34 and No. 37. GASB Statement No. 38 modifies, establishes, and rescinds certain financial statement disclosure requirements.

Management's Discussion and Analysis on pages 4 and 5 and the Budgetary Comparison Information on page 25 are not required parts of the basic financial statements but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

In accordance with *Government Auditing Standards*, we have also issued our report dated September 2, 2004, on our consideration of **Van Buren County Hospital's** internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

Eide Barlly LLP

Dubuque, Iowa September 2, 2004

MANAGEMENT'S DISCUSSION AND ANALYSIS JUNE 30, 2004

This section of Van Buren County Hospital's annual financial report presents background information and management's analysis of the financial performance during the fiscal year that ended June 30, 2004. We encourage readers to read this analysis in conjunction with the financial statements in this report.

Financial Highlights

- Van Buren County Hospital's total assets increased by approximately \$1,479,139, or 10.676%. A major portion of this is due to increases in investments; land, buildings, and equipment; and accounts receivable.
- Van Buren County Hospital's assets exceeded liabilities by \$8,858,377 at June 30, 2004.
- During the year, Van Buren County Hospital's total operating revenues increased approximately 13.728% to \$9,170,464, while the operating expenses increased approximately 13.03% to \$9,348,087. Van Buren County Hospital had a loss from operations of \$(177,623), which is approximately 1.92% of total operating revenue.
- Van Buren County Hospital made capital investments totaling approximately \$307,800 during the fiscal year. The source of funding for these items was derived from property tax support.

Overview of the Financial Statements

The basic financial statements of Van Buren County Hospital report information using Governmental Accounting Standards Board (GASB) accounting principles. These statements offer short-term and long-term information about its activities.

The balance sheets provide information about the nature and amounts of Van Buren County Hospital's assets and liabilities. The balance sheet at June 30, 2004, indicates total liabilities of \$6,475,002, and net assets of \$8,858,377.

The statements of revenues, expenses, and changes in net assets provide information on the Hospital's revenues and expenses. These statements indicate total operating revenues of \$9,170,464 and total operating expenses of \$9,348,087 during fiscal year 2004. The loss from operations was \$(177,623) in 2004, compared to a loss from operations of \$(205,528) in 2003. Much of the decrease in loss from operations is attributable to a change in Medicare certification during fiscal year 2002. Van Buren County Hospital was certified as a Critical Access Hospital on May 1, 2002. Critical Access Hospitals are cost-reimbursed by Medicare, and this change in reimbursement accounted for a significant increase in the Hospital's operating revenue.

The statement of cash flows provides information about Van Buren County Hospital's cash from operations, investing, and financing activities. As reported in this statement, cash and cash equivalents increased from \$809,941 at July 1, 2003 to \$1,020,929 at June 30, 2004.

There are 11 notes to the financial statements included in the audit report. All of the notes are consistent with and similar to audit reports from prior years. There are also several supplementary schedules that provide the reader detail about the source of Van Buren County Hospital's revenues and expenses. The reader is encouraged to examine these notes and schedules for additional information.

Significant Budget Variations

The most significant budget variance occurred in net patient service revenue and operating expenses. Van Buren County Hospital budgeted \$8,967,154 in net patient service revenue and other receipts, but actually earned \$9,682,325. Operating expenses were budgeted at \$9,566,792 but expenditures were actually \$9,876,076.

Long-Term Debt

At year-end, Van Buren County Hospital had \$4,333,068 in long-term debt. Long-term debt consists of Rural Economic Development Service, bank notes, and capitalized leases.

Factors Bearing on Financial Future

Van Buren County Hospital is planning to begin a significant building and remodeling project in fiscal year 2005. The project will update and expand most of the rural health clinics and is scheduled to be completed in two to three years.

Requests for Information

Questions regarding the information provided in this report or requests for additional financial information should be addressed to the office of the Chief Financial Officer at the following address:

Van Buren County Hospital 304 Franklin Keosauqua, IA 52565

BALANCE SHEETS

JUNE 30, 2004 AND 2003

	2004	2003
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,020,929	\$ 809,941
Receivables		ŕ
Patient, net of estimated uncollectibles		
of \$1,420,000 in 2004 and \$1,340,000 in 2003	1,839,237	1,306,989
Succeeding year property tax receivable	692,207	703,245
Other	170,876	183,937
Supplies	174,799	171,255
Prepaid expenses	113,614	119,676
Total current assets	4,011,662	3,295,043
ASSETS LIMITED AS TO USE OR RESTRICTED - Note 3		
Investments		
By board for capital improvements	1,796,904	1,789,447
Under loan agreement	310,671	186,430
By donors for specific purposes	881,184	705,015
By donors for permanent endowment fund	53,087	53,087
Total assets limited as to use or restricted	3,041,846	2,733,979
Total assets inflict as to use of restricted		2,733,777
LAND, BUILDINGS, AND EQUIPMENT, net - Note 4	7,688,944	7,289,950
OTHER ASSETS		
Beneficial interest in net assets of Arnold Trust - Note 3	557,975	492,309
Patient charts	24,374	36,562
Notes receivable	8,578	6,397
Total other assets	590,927	535,268
Total assets	\$ 15,333,379	\$ 13,854,240

See notes to financial statements.

		2004		2003
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Current maturities of long-term debt - Note 7	\$	172,037	\$	193,799
Accounts payable				
Trade		213,852		252,810
Estimated third-party payor settlements		100,000		82,000
Construction		50,728		87,070
Accrued expenses				
Salaries and wages		510,714		421,452
Vacation		175,147		152,557
Payroll taxes and other		88,960		63,642
Interest		129,839		43,811
Village Terrace security deposits		8,450		9,900
Deferred revenue for succeeding year property tax receivable		692,207		703,245
Total current liabilities		2,141,934		2,010,286
LONG-TERM DEBT, less current maturities - Note 7		4,333,068		3,464,826
Total liabilities		6,475,002		5,475,112
NET ASSETS				
Invested in capital assets, net of related debt		3,183,839		3,631,325
Unrestricted		4,740,267		3,814,049
Restricted - Note 5		934,271		933,754
Total net assets		8,858,377		8,379,128
Total liabilities and net assets	<u>\$ 1</u>	5,333,379	<u>\$ 1</u>	3,854,240

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS YEARS ENDED JUNE 30, 2004 AND 2003

	2004	2003
OPERATING REVENUES		
Net patient service revenue (net of provision for bad debts of \$230,385 in 2004 and \$199,558 in 2003) - Note 2	\$ 8,610,796	\$ 7,597,553
Other operating revenues	559,668	465,916
TOTAL OPERATING REVENUES	9,170,464	8,063,469
OPERATING EXPENSES		
Salaries and wages	4,887,602	4,451,209
Supplies and other expenses Depreciation and amortization	3,690,587 769,898	3,237,807 579,981
Depreciation and amortization	709,898	379,981
TOTAL OPERATING EXPENSES	9,348,087	8,268,997
LOSS FROM OPERATIONS	(177,623)	(205,528)
NONOPERATING REVENUES (EXPENSES)		
County tax revenue	696,696	701,270
Noncapital grants and contributions	3,153	1,881
Investment income	67,579	92,562
Payment of interest Gain on disposal of equipment	(192,131)	(108,662) 5,457
Gain on disposar of equipment		
TOTAL NONOPERATING REVENUES (EXPENSES)	575,297	692,508
REVENUES IN EXCESS OF EXPENSES BEFORE CAPITAL CONTRIBUTIONS AND CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF		
ARNOLD TRUST	397,674	486,980
OTHER CHANGES IN NET ASSETS		
Change in homeficial interest in not essets of Arnald Trust	15,910	143,828
Change in beneficial interest in net assets of Arnold Trust	65,665	1,826
INCREASE IN NET ASSETS	479,249	632,634
NET ASSETS BEGINNING OF YEAR	8,379,128	7,746,494
NET ASSETS END OF YEAR	\$ 8,858,377	\$ 8,379,128

STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2004 AND 2003

	2004	2003
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts of patient service revenue	\$ 8,094,367	\$ 7,387,374
Other receipts	572,729	444,387
Payments of salaries and wages	(4,775,750)	(4,479,706)
Payments of supplies and other expenses	(3,739,501)	(3,178,557)
NET CASH PROVIDED BY OPERATING ACTIVITIES	151,845	173,498
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
County tax revenue received	696,696	701,270
Noncapital grants and contributions received	3,153	1,881
NET CASH PROVIDED BY NONCAPITAL FINANCING		
ACTIVITIES	699,849	703,151
CASH FLOWS FROM CAPITAL AND RELATED		
FINANCING ACTIVITIES		
Purchase of property and equipment	(1,156,705)	(2,677,409)
Capital contributions received	15,910	143,828
Payment of principal on debt	(204,537)	, , ,
Payment of interest on debt	(106,103)	(148,583)
Proceeds from issuance of long-term debt Proceeds from sale of equipment	1,051,017	1,578,982 18,200
NET CASH USED FOR CAPITAL AND RELATED		
FINANCING ACTIVITIES	(400,418)	(1,292,827)
CASH FLOWS FROM INVESTING ACTIVITIES		
Increase in assets limited as to use or restricted	(307,867)	(70,128)
Investment income received	67,579	92,562
NET CASH USED FOR INVESTING ACTIVITIES	(240,288)	22,434
NET INCREASE (DECREASE) IN CASH AND		
CASH EQUIVALENTS	210,988	(393,744)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	809,941	1,203,685
CASH AND CASH EQUIVALENTS AT END OF YEAR	\$ 1,020,929	\$ 809,941
		(continued)

STATEMENTS OF CASH FLOWS YEARS ENDED JUNE 30, 2004 AND 2003

	Name and Address of the Address of t	2004	 2003
RECONCILIATION OF LOSS FROM OPERATIONS			
TO NET CASH PROVIDED BY OPERATING ACTIVITIES			
Loss from operations	\$	(177,623)	\$ (205,528)
Adjustments to reconcile loss from operations to			
net cash provided by operating activities			
Depreciation and amortization		769,898	579,981
Provision for bad debts		230,385	199,558
Changes in assets and liabilities			
Receivables		(751,753)	(363,266)
Supplies		(3,544)	8,013
Prepaid expenses		6,062	(45,391)
Accounts payable		(75,300)	111,007
Estimated third party payor settlements		18,000	(68,000)
Village Terrace security deposits		(1,450)	9,900
Accrued expenses		137,170	(52,776)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>\$</u>	151,845	\$ 173,498

VAN BUREN COUNTY HOSPITAL NOTES TO FINANCIAL STATEMENTS JUNE 30, 2004 AND 2003

NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Van Buren County Hospital (Hospital) is a 25-bed public hospital located in Keosauqua, Iowa, and is organized under Chapter 347 of the Iowa Code and governed by a seven member Board of Trustees elected for alternating terms of six years. The Hospital also operates Village Terrace, a 10-unit assisted living facility. The Hospital has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3).

Reporting Entity

For financial reporting purposes Van Buren County Hospital has included all funds, organizations, agencies, boards, commissions, and authorities. The Hospital has also considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The Governmental Accounting Standards Board has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Hospital to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the Hospital. The Hospital has no component units required to be reported in accordance with the Governmental Accounting Standards Board criteria.

Basis of Presentation

Effective July 1, 2003, the Hospital implemented the following new accounting standards issued by the Governmental Accounting Standards Board (GASB): Statement No. 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments; Statement No. 37, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments: Omnibus; and Statement No. 38, Certain Financial Statement Note Disclosures. The adoption of these pronouncements had no financial impact on the Hospital.

GASB Statements No. 34 and No. 37 relate to changes in financial statement presentation. Statement No. 34 established standards for external financial reporting for all state and local governmental entities, which include a balance sheet; a statement of revenues, expenses, and changes in net assets; and a direct method statement of cash flows. It requires the classification of net assets into three components – invested in capital assets, net of related debt, unrestricted, and restricted. These classifications are defined as follows:

• Invested in capital assets, net of related debt – This component of net assets consists of capital assets, including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

- Unrestricted This component of net assets consists of net assets that do not meet the definition of "restricted" or "invested in capital assets, net of related debt." Unrestricted net assets often have constraints on resources imposed by management which can be removed or modified.
- Restricted This component of net assets consists of constraints placed on net asset use through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. When both restricted and unrestricted resources are available for use, generally it is the Hospital's policy to use restricted resources first.

The adoption of Statement No. 34 resulted in the previously reported unrestricted fund balance amounts being classified to conform to the above net asset classifications. Additionally, the Hospital restated the 2003 statement of cash flows to conform to the direct method of reporting cash receipts and disbursements.

GASB Statement No. 38 modifies, establishes, and rescinds certain financial statement disclosure requirements.

Basis of Accounting

The Hospital reports in accordance with accounting principles generally accepted in the United States of America as specified by the American Institute of Certified Public Accountants' *Audits of Providers of Health Care Services* and, as a governmental entity, also provides certain disclosures required by the Governmental Accounting Standards Board (GASB).

In reporting its financial activity, the Hospital applies all applicable GASB pronouncements for proprietary funds as well as the following pronouncements issued on or before November 30, 1989, unless these pronouncements conflict with or contradict GASB pronouncements: Financial Accounting Standards Board Statements and Interpretations, Accounting Principles Board Opinions and Accounting Research Bulletins of the Committee on Accounting Procedure.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less when purchased, excluding assets limited as to use or restricted.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

Patient Receivables

Patient receivables are uncollateralized customer and third-party payor obligations. Unpaid patient receivables are not charged interest on amounts owed.

Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's best estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Notes Receivable

Notes receivable are stated at principal amounts plus accrued interest and are uncollateralized. Payments of notes receivable are allocated first to accrued and unpaid interest with the remainder to the outstanding principal balance. Management reviews all notes receivable periodically and estimates a portion, if any, of the balance that will not be collected.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market.

Assets Limited as to Use or Restricted

Assets limited as to use include assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes; and assets under loan agreement.

Restricted funds are used to differentiate resources, the use of which is restricted by donors or grantors, from resources of general funds on which donors or grantors place no restriction or which arise as a result of the operations of the Hospital for its stated purposes.

Land, Buildings, and Equipment

Land, buildings, and equipment acquisitions in excess of \$1,000 are capitalized and recorded at cost. Land, buildings, and equipment donated for Hospital operations are recorded as additions to net assets at fair value at the date of receipt. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Amortization is included in depreciation and amortization in the financial statements. Interest expense related to construction projects is capitalized.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

The estimated useful lives of property and equipment are as follows:

Land improvements10-30 yearsBuildings and improvements5-50 yearsEquipment3-25 years

Advertising Costs

Costs incurred for producing and distributing advertising are expensed as incurred. The Hospital incurred \$30,025 and \$41,059 for advertising costs for the years ended June 30, 2004 and 2003, respectively.

Property Tax Receivable

Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. The succeeding year property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for the next fiscal year. By statute, the Board of Supervisors is required to certify the budget in March of each year for the subsequent fiscal year. However, by statute, the tax asking and budget certification for the following fiscal year becomes effective on the first day of that year. Although the succeeding year property tax receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied.

Compensated Absences

Hospital employees accumulate a limited number of earned but unused vacation hours for subsequent use or for payment upon termination, death, or retirement. The cost of vacation is recorded as a current liability on the balance sheet. The compensated absences liability has been computed based on rates of pay in effect at June 30, 2004.

Deferred Revenue

Although certain revenues are measurable, they are not available. Available means collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred revenue represents the amount of assets that have been recognized, but the related revenue has not been recognized since the assets are not collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred revenue consists of the succeeding year property tax receivable.

Net Assets

Net assets of the Hospital are classified in three components. Net assets invested in capital assets, net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted net assets must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets, net of related debt or restricted.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2004 AND 2003

Operating Revenues and Expenses

The Hospital's statement of revenues, expenses, and changes in net assets distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

To fulfill its mission of community service, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Revenue from services to these patients is automatically recorded in the accounting system at the established rates, but the Hospital does not pursue collection of the amounts. The resulting adjustments are recorded as adjustments to patient service revenue, depending on the timing of the charity determination.

Grants and Contributions

Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Restricted Resources

When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

Reclassifications

Certain prior period amounts within the accompanying statements have been reclassified for comparability.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

Other Significant Accounting Policies

Other significant accounting policies are set forth in the financial statements and the notes thereto.

NOTE 2 – NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

<u>Medicare</u>: The Hospital is licensed as a Critical Access Hospital (CAH). The Hospital is reimbursed for most inpatient and outpatient services at cost with final settlement determined after submission of annual cost reports by the Hospital and are subject to audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been settled by the Medicare fiscal intermediary through the period ended June 30, 2002. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital.

<u>Medicaid</u>: Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been processed by the Medicaid fiscal intermediary through June 30, 2002.

Clinics:

The clinics are designated as Certified (Provider Based) Rural Health Clinics by the Medicare and Medicaid programs. As a result, clinical services rendered to Medicare and Medicaid program beneficiaries are reimbursed at cost

Other Payors:

The Hospital has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Hospital under these agreements may include prospectively determined rates and discounts from established charges.

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

A summary of net patient service revenue and contractual adjustments for the years ended June 30, 2004 and 2003 is as follows:

and 2005, is as follows.	2004	2003
Total patient service revenue	\$ 11,406,789	\$ 10,048,001
Contractual adjustments		
Medicare	(1,792,794)	(1,450,973)
Medicaid	(357,260)	(459,060)
Other	(415,554)	(340,857)
Total contractual adjustments	(2,565,608)	(2,250,890)
Net patient service revenue	8,841,181	7,797,111
Provision for bad debts	(230,385)	(199,558)
Net patient service revenue	¢ 9.610.706	¢ 7.507.552
(net of provision for bad debts)	<u>\$ 8,610,796</u>	<u>\$ 7,597,553</u>

NOTE 3 – CASH AND INVESTMENTS

The Hospital's deposits in banks at June 30, 2004 and 2003, were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to insure there will be no loss of public funds.

The Hospital is authorized by statute to invest public funds in obligations of the United States government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts, and warrants or improvement certificates of a drainage district.

The Hospital's investments are categorized to give an indication of the level of risk assumed by the Hospital at year end. With the exception of the assets held in trust, the Hospital's investments are all category 1 which means that the investments are insured or registered or the securities are held by the Hospital or its agent in the Hospital's name. The Hospital's assets held in trust are category 2 which means that some of the assets may be uninsured and unregistered securities that are held by a trust department or agent in the Hospital's name.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

Investments are stated at fair value.		2004		2003
By the board for capital improvements Certificates of deposit Money market accounts Accrued interest receivable FNMA bonds '04	\$	416,493 1,183,328 3,153 193,930	\$	412,143 1,177,823 5,551 193,930
	<u>\$</u>	1,796,904	\$	1,789,447
Under loan agreement Certificates of deposit Money market accounts	\$	226,417 84,254	\$	186,430
	\$	310,671	\$	186,430
By donors for specific purposes Certificates of deposit Beneficial interest in net assets of Arnold Trust Money market	\$	192,282 513,250 175,652	\$	191,765 513,250
	\$	881,184	\$	705,015
By donors for permanent endowment fund Certificates of deposit	<u>\$</u>	53,087	<u>\$</u>	53,087
Beneficial interest in net assets of Arnold Trust	<u>\$</u>	557,975	\$	492,309

NOTE 4 – LAND, BUILDINGS, AND EQUIPMENT

A summary of land, buildings, and equipment at June 30, 2004 and 2003, is as follows:

	June 30, 2003				June 30, 2004
	<u>Balance</u>	<u>Additions</u>	<u>Deductions</u>	<u>Transfers</u>	Balance
Cost					
Land	\$ 54,231	\$ 6,000	\$ 7,680	\$ -	\$ 52,551
Land improvements	91,618	-	-	-	91,618
Building and					
improvements	6,960,525	503,159	-	1,159,419	8,623,103
Construction in					
progress	1,301,591	-	-	(1,159,419)	142,172
Equipment	4,257,497	728,981	396,466	-	4,590,012
	<u>\$ 12,665,462</u>	<u>\$ 1,238,140</u>	<u>\$ 404,146</u>	\$	\$ 13,499,456

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

Accumulated depreciation	June 30, 2003 Balance		Additions	_ <u>D</u>	eductions		Transfers	Ju	ne 30, 2004 Balance
Land improvements Buildings and	\$ 62,670	\$	2,823	\$	-	\$	-	\$	65,493
improvements	2,171,760		365,609		_		_		2,537,369
Equipment	3,141,082		389,278		322,710				3,207,650
	\$ 5,375,512	\$	757,710	<u>\$</u>	322,710	<u>\$</u>		\$	5,810,512
	June 30, 2002							Ju	ne 30, 2003
	Balance	-	Additions	_ <u>D</u>	eductions		Transfers		Balance
Cost	ф 54.221	Φ		Φ.		Ф		Ф	54.001
Land Land improvements	\$ 54,231 74,116	\$	17,502	\$	-	\$	-	\$	54,231 91,618
Building and	74,110		17,302		-		-		91,010
improvements	5,761,898		1,198,627		_		_		6,960,525
Construction in	, ,		, ,						, ,
progress	196,864		1,104,727		-		-		1,301,591
Equipment	3,974,215		356,555	**************	73,273				4,257,497
	\$ 10,061,324	\$	2,677,411	\$	73,273	\$		\$	12,665,462
Accumulated depreciation									
Land improvements	\$ 60,430	\$	2,240	\$	-	\$	-	\$	62,670
Buildings and improvements	1,964,430		207,330						2 171 760
Equipment	2,843,387		358,225		60,530		-		2,171,760 3,141,082
Equipmont	2,043,367		330,443		00,550				3,141,002
	\$ 4,868,247	<u>\$</u>	567,795	\$	60,530	\$	_	\$	5,375,512

The majority of construction in progress at June 30, 2004, represents the OB renovation. The estimated cost to complete this project is \$260,000 which will be financed with Hospital funds.

NOTE 5 – RESTRICTED NET ASSETS

Restricted net assets consist of the following at June 30, 2004 and 2003:

		2004	 2003
Leffler Fund	\$	25,000	\$ 25,000
Israel Fund		29,807	29,290
Douthart Fund		186,691	186,691
Plowman Fund		101,437	101,437
Ruebel Fund		50,000	50,000
De Voss Fund		28,086	28,086
Arnold Trust	***************************************	513,250	 513,250
Total restricted net assets	\$	934,271	\$ 933,754

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

The Leffler Fund is an endowment fund with the interest being available to be applied to patient accounts if the patient is unable to pay. The principal portion of the fund, which is \$25,000, cannot be expended.

The Israel Fund is restricted to expenditures for the comfort and convenience of visitors to the Hospital. During the years ended June 30, 2004 and 2003, there were no expenditures from the fund.

The Douthart Fund is restricted for the purchase of medical equipment as designated by the medical staff.

The Plowman and Ruebel Funds are restricted for improvements to the Hospital.

The De Voss Fund is an endowment fund with interest being available to be applied to patient accounts if the patient is unable to pay. The principal portion of the fund, which is \$28,086, cannot be expended.

The Arnold Trust provides that its funds be held or distributed for the benefit of Van Buren County Hospital. The Trust is to be held in trust for a period of 25 years, which ends July 2019. The income from the trust shall be distributed to the Hospital on a yearly basis during the 25-year period. Unrealized gains of the Trust are unrestricted.

A summary of the Trust's assets, net assets, and changes in net assets follows. The Hospital's interest in the net assets of the Trust is reported as a non-current asset in the balance sheets.

	June 30				
		2004		2003	
Cash and cash equivalents Certificate of deposit Marketable equity securities	\$	14,832 52,609 490,534	\$	31,439 - 411,930	
U.S. Government securities		490,334 		48,940	
Total assets	\$	557,975	\$	492,309	
Net assets					
Restricted	<u>\$</u>	557,975	\$	492,309	
Change in unrealized gains and losses	\$	65,666	\$	1,551	
Net assets, beginning of year		492,309		490,758	
Net assets, end of year	<u>\$</u>	557,975	\$	492,309	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

NOTE 6 – LEASES

The Hospital leases equipment under noncancellable long-term lease agreements. Two leases have been

The Hospital leases equipment un- recorded as capitalized leases. The						1
				2004	2003	_
Equipment Less accumulated amortization (i	ncluded as der	reciation	\$	271,614 \$	271,614	
and amortization on the accomp				(222,946)	(183,561))
			<u>\$</u>	48,668	88,053	=
Minimum future lease payments for	or the capital le	ases are as fol	lows:			
Year Ending June 30,						
2005 2006			\$	16,932 16,932		
2007				2,822		
Total minimum Less interest	lease payments	S		36,686 (2,567)		
Present value of Note 7	minimum leas	e payments –	<u>\$</u>	34,119		
NOTE 7 – LONG-TERM DEBT						
Long-term debt consists of:						
	June 30 2003 Balance	Additions	Paymen	June 30 2004 ts Balance	Amounts Due Within One Year	
Hospital revenue note, Series 1997B, 4.25%, due in annual payments of \$66,492 through	Daranec	raditions	<u>1 ayıncı</u>	ts Barance	One rear	-
2037	\$1,131,249	\$ -	\$	- \$1,131,249	\$ 14,897	

Hospital revenue note,	Series
------------------------	--------

1997A, 4.80% adjustable rate, due in annual payments of

\$80,181 through February 2007 285,653

Hospital revenue note, Series

1997A, 7.08% adjustable rate, interest only due through February 2007, principal and interest

due February 2008, through February 2017

500,000

500,000

219,218

66,435

(continued on next page)

73,004

NOTES TO FINANCIAL STATEMENTS

JUNE 30,	2004	AND	2003
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Hospital revenue note, Series 2002A, 5.35%, due in annual	June 30 2003 Balance	Additions	Payments	June 30 2004 Balance	Amounts Due Within One Year
payments of \$15,795 through 2032	\$ -	\$ 230,000	\$ -	\$ 230,000	\$ 3,456
Hospital revenue note, Series 2003A, 4.25%, interest only due through July 2005, annual payments of \$80,265 due July 2006 through 2043	-	1,500,000	-	1,500,000	-
Hospital revenue note, Series 2003B, 4.25%, interest only due through July 2005, annual payments of \$21,616 due July 2006 through 2033	-	350,000	-	350,000	-
Hospital revenue note, Series 2003C, 4.25%, due in annual payments of \$9,988 through 2013	-	80,000	-	80,000	7,482
Note payable to bank, 4.70% due in monthly payments of \$6,578 through April 2011, secured by equipment	-	470,000	9,481	460,519	58,534
Note payable to bank, 5.5%, due in monthly payments of \$6,341 through September 2004, secured by equipment	91,676	-	91,676	-	-
Construction loans to bank, 4.5%, due November 1, 2003.	1,578,982	-	1,578,982	-	-
Capitalized lease obligations – Note 6	71,065		36,946	34,119	14,664
Less current maturities	\$3,658,625	\$2,630,000	<u>\$1,783,520</u>	4,505,105 (172,037)	\$ 172,037
Long-term debt, less current maturities				<u>\$4,333,068</u>	

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2004 AND 2003

Long-term debt maturities are as follows:

Year Ending June 30,	 Principal	Interest			Total	
2005	\$ 172,037	\$	209,821	\$	381,858	
2006	179,713		202,171		381,884	
2007	188,338		195,123		383,461	
2008	170,177		186,932		357,109	
2009	175,743		177,844		353,587	
Later years	 3,619,097		2,646,940		6,266,037	
	\$ 4,505,105	<u>\$</u>	3,618,831	<u>\$</u>	8,123,936	

Under the terms of the Hospital Revenue Note, Series 1997B, the Hospital is required to make monthly transfers to a reserve account. At June 30, 2004, the Hospital had \$369,517 in the reserve account. The amount required to be on deposit at June 30, 2004 is \$340,146.

	June 30 2002 Balance	Additions	Payments	June 30 2003 Balance	Amounts Due Within One Year
Hospital revenue note, Series 1997B, 4.25%, due in annual payments of \$66,492 through 2037	\$1,161,070	\$ -	\$ 29,821	\$1,131,249	\$ 14,897
Hospital revenue note, Series 1997A, 4.80% adjustable rate, due in annual payments of \$80,181 through February 2007	348,952	-	63,299	285,653	69,660
Hospital revenue note, Series 1997A, 7.08% adjustable rate, interest only due through Februar 2007, principal and interest due February 2008, through February 2017	y 500,000	_	_	500,000	_
Note payable to bank, 5.5%, due in monthly payments of \$6,341 through September 2004, secured by equipment	160,678	-	69,002	91,676	72,873
Construction loans to bank, 4.5%, due November 1, 2003.	-	1,578,982	-	1,578,982	-
Capitalized lease obligations	116,788 \$2,287,488	<u> </u>	45,723 \$ 207,845	71,065 3,658,625	36,369 \$ 193,799
Less current maturities Long-term debt, less current maturities				(193,799) \$3,464,826	

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2004 AND 2003

NOTE 8 – PENSION AND RETIREMENT BENEFITS

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by state statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Plan members are required to contribute 3.70% of their annual covered salary, and the Hospital is required to contribute 5.75% of annual covered payroll for the years ended June 30, 2004, 2003, and 2002. Contribution requirements are established by state statute. The Hospital's contributions to IPERS for the years ended June 30, 2004, 2003, and 2002, were \$259,788, \$243,838, and \$230,215, respectively, equal to the required contributions for each year.

NOTE 9 – MALPRACTICE INSURANCE

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1,000,000 per claim and an annual aggregate limit of \$3,000,000. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured.

NOTE 10 – RISK MANAGEMENT

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. These risks are covered by commercial insurance purchased from independent third parties. The Hospital assumes liability for any deductibles and claims in excess of coverage limitations. Settled claims from these risks have not exceeded commercial insurance coverage for the past three years.

NOTE 11 – CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2004 and 2003, was as follows:

	2004	2003
Medicare	34%	38%
Medicaid	14	7
Commercial insurance	19	24
Other third-party payors and patients	33	31
	100%	100%



Consultants • Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

The Board of Trustees Van Buren County Hospital Keosauqua, Iowa

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Eide Bailly LLP

Dubuque, Iowa September 2, 2004

BUDGETARY COMPARISON SCHEDULE OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS – BUDGET AND ACTUAL (CASH BASIS)
YEAR ENDED JUNE 30, 2004

Estimated amount to be		Actual Accrual Basis	Accrual Adjustments	_(Actual Cash Basis	***************************************	Budget	F	Variance Favorable nfavorable)
raised by taxation	\$	696,696	\$ -	\$	696,696	\$	703,245	\$	(6,549)
Estimated other revenues/	Ψ	0,000	Ψ	Ψ	0,0,0,0	Ψ	, 00,2 .0	Ψ	(0,0.15)
receipts		9,306,861	375,464		9,682,325		8,967,154		715,171
•	1	0,003,557	375,464		10,379,021		9,670,399		708,622
Expenses/disbursements		9,540,218	335,858		9,876,076		9,566,792		(309,284)
Net		463,339	39,606		502,945		103,607	\$	399,338
Balance beginning of year		8,379,128	(4,835,208)		3,543,920		8,038,470		
Capital contributions		15,910			15,910		_		
Balance end of year	\$	8,858,377	\$ (4,795,602)	\$	4,062,775	\$	8,142,077		

The Board of Trustees annually prepares and adopts a budget designating the amount necessary for the improvement and maintenance of the Hospital on the cash basis following required public notice and hearing in accordance with Chapters 24 and 347 of the Code of Iowa. The Board of Trustees certifies the approved budget to the appropriate county auditors. The budget may be amended during the year utilizing similar statutorily prescribed procedures. Formal and legal budgetary control is based on total expenditures.

VAN BUREN COUNTY HOSPITAL SCHEDULES OF NET PATIENT SERVICE REVENUE YEARS ENDED JUNE 30, 2004 AND 2003

	2004	2003
PATIENT SERVICE REVENUE		
Routine services	\$ 1,783,266	\$ 1,629,025
Nursery	22,684	18,081
Operating rooms	262,446	230,858
Delivery and labor rooms	14,275	15,260
Central services and supply	654,831	603,724
Emergency service	994,546	904,111
Laboratory	1,246,281	1,025,649
Electrocardiology	117,338	106,086
Radiology	1,508,955	1,270,273
Pharmacy	1,309,468	1,084,536
Anesthesiology	109,368	94,033
Respiratory therapy	347,826	289,706
Physical therapy	660,054	562,629
Speech therapy	9,913	17,931
Ambulance service	319,486	282,887
Cardiopulmonary rehab	132,567	107,348
Durable medical equipment	62,660	50,046
Home health care	277,889	289,310
Medical staff	521,578	424,760
Rural health clinics:		
Douds	82,153	88,423
Birmingham	42,378	29,018
Cantril	18,736	22,273
Stockport	25,444	25,264
Keosauqua	694,034	663,523
Bonaparte	89,957	107,096
Farmington	98,656	106,151
Total patient service revenue*	\$11,406,789	\$10,048,001
*TOTAL PATIENT SERVICE REVENUE - RECLASSIFIED		
Inpatient revenue	\$ 4,490,120	\$ 3,954,306
Outpatient revenue	6,916,669	6,093,695
Total patient service revenue	11,406,789	10,048,001
DEDUCTIONS FROM PATIENT SERVICE REVENUE		
Contractual adjustments	(2,565,608)	(2,250,890)
NET PATIENT SERVICE REVENUE	8,841,181	7,797,111
PROVISION FOR BAD DEBTS	(230,385)	(199,558)
NET PATIENT SERVICE REVENUE (Net of provision for		
bad debts)	\$ 8,610,796	\$ 7,597,553

	 2004		2003	
OTHER OPERATING REVENUES				
Job opportunities	\$ 165,745	\$	137,496	
Day care center	119,824		87,444	
Village Terrace	78,852		3,850	
Continuous family support system grant	77,902		55,626	
Wellmark Grant - CORP	28,699		-	
Occupational health	24,220		27,070	
Rent	23,279		21,971	
Wellmark Grant - Tobacco Risk Awareness	17,506		27,480	
Cafeteria	11,678		13,368	
Tobacco-free grant	6,738		6,560	
Medical records transcript fees	1,923		2,340	
Cardiovascular risk	1,528		10,375	
Local option tax	-		17,311	
Wellmark Grant - Women	-		5,964	
State replacement tax	-		4,454	
Other	 1,774		44,607	
TOTAL OTHER OPERATING REVENUES	\$ 559,668	\$	465,916	

	2004	2003
NURSING ADMINISTRATION		
Salaries and wages	\$ 124,585	\$ 95,306
Supplies and other expenses	4,952	5,736
	129,537	101,042
ROUTINE SERVICES		
Salaries and wages	832,618	760,812
Supplies and other expenses	127,346	88,922
	959,964	849,734
NURSERY		
Salaries and wages	107	1,049
Supplies and other expenses	43	
	150	1,049
OPERATING ROOMS		
Salaries and wages	47,076	38,222
Supplies and other expenses	6,034	2,100
	53,110	40,322
CENTRAL SERVICES AND SUPPLY		
Salaries and wages	24,695	25,717
Supplies and other expenses	200,077	188,995
	224,772	214,712
EMERGENCY SERVICE		
Salaries and wages	267,558	229,914
Supplies and other expenses	23,334	12,209
	290,892	242,123
LABORATORY		
Salaries and wages	160,357	137,070
Supplies and other expenses	217,574	177,332
	377,931	314,402
ELECTROCARDIOLOGY		
Salaries and wages	9,836	8,389
Supplies and other expenses		608
	9,836	8,997
RADIOLOGY		
Salaries and wages	136,969	128,789
Supplies and other expenses	312,972	299,268
	449,941	428,057
		(continued)

		2004	 2003
PHARMACY			
Salaries and wages	\$	16,249	\$ 16,347
Supplies and other expenses		266,426	 213,532
		282,675	 229,879
ANESTHESIOLOGY			
Supplies and other expenses	-	82,753	 75,587
RESPIRATORY THERAPY			
Salaries and wages		118,704	108,602
Supplies and other expenses		16,571	 16,047
		135,275	 124,649
PHYSICAL THERAPY			
Salaries and wages		256,817	247,807
Supplies and other expenses	-	26,568	22,361
		283,385	 270,168
OCCUPATIONAL THERAPY			
Salaries and wages		1,975	925
Supplies and other expenses	************	552	 920
		2,527	 1,845
SPEECH THERAPY			
Supplies and other expenses		3,672	2,419
AMBULANCE SERVICE			
Salaries and wages		142,078	137,755
Supplies and other expenses		27,910	 22,677
		169,988	160,432
CARDIOPULMONARY REHAB			
Salaries and wages		56,818	58,286
Supplies and other expenses	****	5,091	2,836
		61,909	61,122
DURABLE MEDICAL EQUIPMENT			
Salaries and wages		5,849	4,373
Supplies and other expenses		5,695	8,547
		11,544	 12,920
HOME HEALTH CARE			
Salaries and wages		139,900	132,124
Supplies and other expenses		23,968	20,880
-		163,868	 153,004
		,	 (continued)
			(20111111111111111111111111111111111111

		2004	2	003
MEDICAL STAFF				
Salaries and wages	\$	361,404	\$ 3	353,130
Supplies and other expenses		7,364		5,072
		368,768	3	358,202
RURAL HEALTH CLINIC - DOUDS				
Salaries and wages		40,709		46,116
Supplies and other expenses		19,352		22,840
		60,061		68,956
RURAL HEALTH CLINIC - BIRMINGHAM				
Salaries and wages		28,473		24,791
Supplies and other expenses		12,552		9,374
		41,025		34,165
RURAL HEALTH CLINIC - CANTRIL				
Salaries and wages		21,599		25,538
Supplies and other expenses		13,621		9,781
		35,220		35,319
RURAL HEALTH CLINIC - STOCKPORT	-			
Salaries and wages		37,819		31,022
Supplies and other expenses		14,674		11,435
•	-	52,493		42,457
RURAL HEALTH CLINIC - KEOSAUQUA				
Salaries and wages		546,822	4	505,859
Supplies and other expenses		71,215		60,977
11		618,037		566,836
RURAL HEALTH CLINIC - BONAPARTE		010,037		,,,,,,,
Salaries and wages		79,322		79,467
Supplies and other expenses		26,479		23,806
orphical and control or control	-	105,801		103,273
RURAL HEALTH CLINIC - FARMINGTON		105,001		103,273
Salaries and wages		75,829		70,116
Supplies and other expenses		33,348		25,496
Supplies and other expenses		109,177		
CONTINUOUS FAMILY SUPPORT SYSTEM	43 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	109,1//		95,612
CONTINUOUS FAMILY SUPPORT SYSTEM				
Salaries and wages		46,162		38,546
Supplies and other expenses		21,594		14,884
		67,756		53,430
			(co	ntinued)

	2004	2003
WELLMARK GRANT - WOMEN		
Salaries and wages	\$ -	\$ 4,113
Supplies and other expenses	75	963
of price and control of prices	75	5,076
WELLMARK GRANT - TOBACCO RISK AWARENESS		
Salaries and wages	11,456	12,726
Supplies and other expenses	10,489	13,177
orprise and control of the control o	21,945	25,903
TOBACCO-FREE PROGRAM		23,703
Salaries and wages	4,236	2,491
Supplies and other expenses	1,028	1,866
Supplies and chief the	5,264	4,357
STORE ROOM	3,204	
Salaries and wages	43,176	35,753
Supplies and other expenses	14,231	5,035
1	57,407	40,788
MEDICAL RECORDS		
Salaries and wages	166,721	131,320
Supplies and other expenses	16,391	8,960
•	183,112	140,280
DIETARY		
Salaries and wages	106,883	101,383
Supplies and other expenses	86,955	78,703
	193,838	180,086
PLANT OPERATION AND MAINTENANCE		
Salaries and wages	133,264	123,480
Supplies and other expenses	253,203	190,445
	386,467	313,925
HOUSEKEEPING		
Salaries and wages	110,234	102,212
Supplies and other expenses	18,108	15,654
	128,342	117,866
LAUNDRY AND LINEN		
Salaries and wages	29,721	26,642
Supplies and other expenses	16,842	6,189
	46,563	32,831
		(continued)
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VAN BUREN COUNTY HOSPITAL SCHEDULES OF OPERATING EXPENSES

YEARS ENDED JUNE 30, 2004 AND 2003

	2004	2003
ADMINISTRATIVE SERVICES		
Salaries and wages	\$ 409,896	\$ 367,276
Supplies and other expenses	491,861	496,100
	901,757	863,376
DAY CARE CENTER		
Salaries and wages	108,995	91,083
Supplies and other expenses	33,735	25,130
	142,730	116,213
FARM HEALTH AND SAFETY		
Salaries and wages	-	430
Supplies and other expenses	193	4
	193	434
JOB OPPORTUNITIES		
Salaries and wages	120,634	117,890
Supplies and other expenses	23,717	22,222
	144,351	140,112
CARDIOVASCULAR RISK		
Salaries and wages	1,117	4,421
Supplies and other expenses	282	1,451
	1,399	5,872
OCCUPATIONAL HEALTH		
Salaries and wages	21,344	17,191
Supplies and other expenses	12,250	16,379
	33,594	33,570
VILLAGE TERRACE		
Salaries and wages	39,595	6,726
Supplies and other expenses	33,889	12,225
	73,484	18,951
UNASSIGNED EXPENSES		
Depreciation and amortization	769,898	579,981
Insurance	168,510	136,447
Employee benefits	937,091	862,216
	1,875,499	1,578,644
TOTAL OPERATING EXPENSES	\$ 9,348,087	\$ 8,268,997

PATIENT RECEIVABLES AND ALLOWANCE FOR DOUBTFUL ACCOUNTS JUNE 30, 2004 AND 2003

ANALYSIS OF AGING

	June 30, 2004		June 30, 20		2003	
Days Since Discharge		Amount	Percent to Total		Amount	Percent to Total
30 days or less 31 to 90 days 91 to 180 days 181 days and over	\$	1,009,529 613,318 399,598 1,236,792	30.97% 18.82 12.26 37.95	\$	895,533 681,441 206,420 863,595	33.83% 25.74 7.80 32.63
		3,259,237	100.00%		2,646,989	100.00%
Less: Allowance for doubtful accounts		230,000			190,000	
Allowance for contractual adjustments		1,190,000		***************************************	1,150,000	
Net	\$	1,839,237		\$	1,306,989	

ALLOWANCE FOR DOUBTFUL ACCOUNTS YEARS ENDED JUNE 30, 2004 AND 2003

	-	2004		2003
BALANCE, BEGINNING OF YEAR	\$	190,000	\$	145,000
Add: Provision for bad debts Recoveries of accounts written off Less: Accounts written off		230,385 51,112 (241,497)		199,558 75,164 (229,722)
BALANCE, END OF YEAR	<u>\$</u>	230,000	<u>\$</u>	190,000

SUPPLIES/PREPAID EXPENSES JUNE 30, 2004 AND 2003

		2004		2003
SUPPLIES General supplies Pharmacy Dietary	\$	103,444 64,100 7,255	\$	94,991 69,545 6,719
	<u>\$</u>	174,799	\$	171,255
PREPAID EXPENSES				
Insurance	\$	25,485	\$	35,722
Dues		4,514		5,510
Maintenance agreements and other		83,615		78,444
	<u>\$</u>	113,614	\$	119,676

COMMUNITY SERVICE/OUTREACH UNREIMBURSED SERVICES PROVIDED BY THE HOSPITAL TO THE COMMUNITY YEAR ENDED JUNE 30, 2004

SERVICE		
Day care loss	\$ 35,478	
Blood pressure screening/free vaccinations	6,000	*
Occupational health	11,843	
Hospital facilities for meetings	2,500	*
Adopt-A-Highway	 400	*
	\$ 56,221	

^{*} Represents estimated dollar value of volunteer hours.

VAN BUREN COUNTY HOSPITAL STATISTICAL INFORMATION YEARS ENDED JUNE 30, 2004 AND 2003

	 2004	 2003
PATIENT DAYS		
Acute	1,985	1,615
Swing-bed	3,487	3,402
Newborn	69	55
NUMBER OF BEDS	25	25
PERCENT OF OCCUPANCY	60%	55%
DISCHARGES		
Acute	635	549
Swing-bed	267	219
AVERAGE LENGTH OF STAY		
Acute	3.13	2.94
Swing-bed	13.06	15.53
MOST RECENT YEAR END ROUTINE SERVICE RATES		
Private rooms	\$ 425.00	\$ 425.00
2-bed rooms	415.00	415.00
Nursery	328.75	328.75
COLLECTION STATISTICS		
Net accounts receivable – patients	\$ 1,839,237	\$ 1,306,989
Number of days charges outstanding (1)	85	65
Uncollectible accounts (2)	\$ 290,879	\$ 260,354
Percentage of uncollectible accounts to total charges	2.5%	2.6%

Based on average daily net patient service revenue for April, May, and June. Includes provision for bad debts and collection expense. (1)

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Consultants • Certified Public Accountants

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING

The Board of Trustees Van Buren County Hospital Keosauqua, Iowa

We have audited the accompanying balance sheets of Van Buren County Hospital as of June 30, 2004 and 2003, and the related statements of revenues, expenses, and changes in net assets, and cash flows for the years then ended and have issued our report thereon dated September 2, 2004. We conducted our audits in accordance with auditing standards generally accepted in the United States of America; Chapter 11 of the Code of Iowa; and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the financial statements of **Van Buren County Hospital** are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly we do not express such an opinion. The results of our tests disclosed no instances of non-compliance that are required to be reported under *Government Auditing Standards*. However, we noted certain immaterial instances of non-compliance that are described in Part II of the accompanying Schedule of Findings.

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2004, are based exclusively on knowledge obtained from procedures performed during our audit of the financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes. Prior year statutory comment item II-E-04 has not been resolved.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered **Van Buren County Hospital's** internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. However, we noted a certain matter involving the internal control over financial reporting and its operation that we consider to be a reportable condition. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control over financial reporting that, in our judgment, could adversely affect **Van Buren County Hospital's** ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. The reportable condition is described as item I-A-04, in the accompanying Schedule of Findings.

A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be reportable conditions and, accordingly, would not necessarily disclose all reportable conditions that are also considered to be material weaknesses. However, we believe the reportable condition described above is not a material weakness. Prior year reportable condition item I-A-04 has not been resolved.

This report, a public record by law, is intended solely for the information and use of the officials, employees, and constituents of **Van Buren County Hospital** and other parties to whom **Van Buren County Hospital** may report. This report is not intended to be and should not be used by anyone other than these specified parties.

We would like to acknowledge the many courtesies and assistance extended to us by personnel of **Van Buren County Hospital** during the course of our audit. Should you have any questions concerning any of the above matters, we shall be pleased to discuss them with you at your convenience.

Eide Baily LLP

Dubuque, Iowa September 2, 2004

SCHEDULE OF FINDINGS YEAR ENDED JUNE 30, 2004

Part I: Findings Related to the Financial Statements

REPORTABLE CONDITION:

I-A-04 <u>Segregation of Duties</u> - One important aspect of internal controls is the segregation of duties among employees to prevent an individual employee from handling duties which are incompatible. The limited number of office personnel prevents a proper segregation of accounting functions necessary to assure optimal internal control.

<u>Recommendation</u> - We realize that with a limited number of office employees, segregation of duties is difficult. However, the Hospital should review its control procedures to obtain the maximum internal control possible under the circumstances.

<u>Response</u> – We are aware of the situation and will continually review the assignment of duties to obtain the maximum control possible under the circumstances.

<u>Conclusion</u> – Response accepted.

Part II: Other Findings Related to Required Statutory Reporting

- II-A-04 Official Depositories A resolution naming official depositories has been adopted by the Board. The maximum deposit amounts stated in the resolution were not exceeded during the year ended June 30, 2004.
- II-B-04 <u>Certified Budget</u> Hospital disbursements during the year ended June 30, 2004, exceeded amounts budgeted by \$309,284.

<u>Recommendation</u> – The budget should have been amended in accordance with Chapter 24.9 of the Code of Iowa before disbursements were allowed to exceed the budget.

<u>Response</u> – The budget will be amended in the future, if applicable.

Conclusion - Response accepted.

- II-C-04 <u>Questionable Expenditures</u> We noted no expenditures that we believe would be in conflict with the requirements of public purpose as defined in an Attorney General's opinion dated April 25, 1979.
- II-D-04 <u>Travel Expense</u> No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.
- II-E-04 <u>Business Transactions</u> The Hospital had transactions with businesses owned by spouses of employees as follows:

Advertising	\$ 9,904
Landscaping	2,270
Mowing	490

SCHEDULE OF FINDINGS YEAR ENDED JUNE 30, 2004

II-F-04	Board Minutes – No transactions were found that we believe should have been approved	
	in the Board minutes but were not.	

II-G-04 <u>Deposits and Investments</u> – No instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy were noted.